

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT'S	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
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41	5						
42	5						
43	5						
44	5						
45	5						
46	5						
47	5						
48	5						
49	5						
50	5						
TOTAL IND.	4		↓		↓		↓
TOTAL DEP.	52	←		←		←	←
TOTAL CLAIMS	56	[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]

BEST AVAILABLE COPY